

REQUEST FOR CONVOY CLEARANCE		1. CONVOY NUMBER		2. UIC		3. DATE (YYYYMMDD)	
SECTION I - GENERAL							
4. ORGANIZATION			5. STATION			6. CONVOY COMMANDER	
7. PERSONNEL STRENGTH			8. POINT OF ORIGIN			9. DESTINATION	
a. OFFICER		b. ENLISTED					
10. DATE AND TIME		a. DEPARTURE		b. ARRIVAL		11. RATE OF MARCH	
SECTION II - CONVOY COMPOSITION							
12. NUMBER OF EACH TYPE OF VEHICLE AND DESCRIPTION <i>(Include towed equipment)</i>							
13. TOTAL NUMBER OF VEHICLES		14. NUMBER OF OVERSIZE/ OVERWEIGHT VEHICLES		15a. NO. OF SERIALS		b. TIME INTERVAL	
						16a. NO. OF MARCH UNITS	
						b. TIME INTERVAL	
SECTION III - ROUTE DATA							
17. PROPOSED ROUTING <i>(Indicate US Routes, State Routes, etc.)</i>							
18. ETA AND ETD AT STATE LINES, MAJOR ROAD JUNCTIONS, MAJOR BRIDGES AND TUNNELS, METROPOLITAN AREAS AND OVERNIGHT HALT SITES <i>(Continue on a separate sheet if additional space is required)</i>							
a. LOCATION			b. ETA		c. DATE (YYYYMMDD)		d. ETD
							e. DATE (YYYYMMDD)
SECTION IV - LOGISTICAL DATA							
19. BRIEF GENERAL DESCRIPTION OF CARGO <i>(Brief general description; i.e., organizational impediments, etc.) (Within security limitations)</i>							

20. ARE EXPLOSIVES TO BE TRANSPORTED?			<input type="checkbox"/> YES		<input type="checkbox"/> NO <i>(If YES, describe below)</i>	
a. CLASS	b. AMOUNT	c. DESCRIPTION	d. VEHICLES TO BE USED			
			(1) NO.	(2) TYPE		

21. STATEMENT WHY EXPLOSIVES CANNOT BE TRANSPORTED COMMERCIALY *(Movements involving explosives and/or other dangerous articles are required to comply with all applicable regulations or directives)*

22. LOGISTICAL SUPPORT REQUIRED AT OVERNIGHT HALT SITES?		<input type="checkbox"/> YES		<input type="checkbox"/> NO		
<i>(If YES, complete the following) (Use separate sheet if additional space is required)</i>						
a. DATE (YYYYMMDD)	b. INSTALLATION	c. GAS (gals)	d. OIL (gals)	e. RATIONS	f. BILLETS	g. OTHER

23. REMARKS

24. REQUESTING AGENCY		25. APPROVING AGENCY	
26. REQUESTED BY		27. APPROVED BY	
a. NAME <i>(Last, First, Middle Initial)</i>		a. NAME <i>(Last, First, Middle Initial)</i>	
b. GRADE	c. TITLE	b. GRADE	c. TITLE
d. SIGNATURE	e. DATE (YYYYMMDD)	d. SIGNATURE	e. DATE (YYYYMMDD)

INSTRUCTIONS: In cases where bona-fide emergencies exist, the information contained on DD Form 1265 and DD Form 1266 may be transmitted to the appropriate headquarters by telephone or electronic transmission. In this event, reference will be made to item numbers in the sequence in which they appear on the form. Items which do not apply will be so indicated.